	Amend
Disclosure Report Cover	\boxtimes

Ame	ndment		
\boxtimes	Yes	☐ No	

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information

Do not use tins form	to apaate information					
1. Committee Information	mation		2.特别能力		ere en	
a. Full Name						c. ID Number
BOB MORGAN FO	OR WAXHAW MAYOR					5JMNNX
b. Mailing Address (incl	ude City, State and Zip Code)					d. Date Filed
1440 RIDGEHAVE WAXHAW, NC 28						10/28/2019
WAXIIAW, NC 20	173					e. Phone Number
						516-841-3904
2. Report Year	3. Period Start Date (mm/c	dd/yy)	4. Period End (mm/dd/yy)	d Date	5. Treasurer Fu	ıll Name
2019	7/18/2019		09/24/2	2019	ROBERT MOR	RGAN
6. Type of Committ	tee (Check One)	9. Type	of Report	(check or	ly one type of repo	ort from one category)
Candidate Campa		Municipa		State/C	County	Referendum
PAC	Referendum		Organizational		Organizational	Organizational
Independent Expenditure	Joint Fundraiser		Thirty-five day	1 100	Quarterly	Pre-referendum
Legal Expense F	und					
7. Type of Fund	(if applicable, check one)		Pre-primary		First	Final
Booster Fund"			Pre-election		Second	Supplemental Final
Building Fund			Pre-runoff		Third	Annual
		1_ :	Semi-annual		Fourth	Special
			Mid Year		Semi-annual	
Other:		H	Year End		Mid Year	10. Special Report Name
			Final Engaig!		Year End Final	
8. Number of Fund	raisers this Report	-	Special			
					Special	
11. Account Inform					Information titution Full Name	
a. Financial Institution			a	. Financiai ins	ditution Fun Name	
BANK OF AMERI			ON THE REAL PROPERTY.	Durnosa		c. Account Code
b. Purpose CAMPAIGN	c. Account Code		D	. Purpose		C Account Cour
ACCOUNT	0	1				《李明教》
	d. Period Begin Balanc	d. Period Begin Balance				d. Period Begin Balance
	\$ 69.79					\$
CERTIFICATION			t in an electronistical			
I certify that the Cor the NC General Stat	mmittee or Fund is in completes and that no funds are cd correct and that I have been MORGAN	ommingle	ed with prohib by the NC Sta	ited or other ite Board of	non-disclosed fun Elections.	2B, & 22D-22M of Chapter 163 of ds. I further certify that this report 10/28/2019 Date
	Printed Name of Signer		Sign	nature of Appoi	u i reasurer	Date
FOR OFFICE USE	ONLY Amended rep	ort		1	our	. Delivery Method
Date Received:	10/30/19		Employee:	41	7	Normal Mail
Date Postmarke	ed:	. 🗆	Employee:	<u> </u>		Registered Mail Hand Delivered
Date Scanned:			Employee:			☐ Electronically Filed ☐ Signer has not received
Date Data Enter	red:		Employee:			mandatory training
Please Note: Th	is form cannot be used to a custod You must amend the Stat	ian of boo	oks informatio	n, or accoun	it information.	ddress, treasurer, assistant treasurer, mittee changes.

CRO-1000 NC State Board of Elections August 2008

Amendment No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) BOB FOR WAXHAW MAYOR	2. Type of Report		3. ID Number 5JMNNX
Start of Election Cycle: January 1,	2016	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 69.79	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1,365.78	\$ 1,365.78
7) Contributions from Political Party Committee	ees (CRO-1220)	\$	\$
8) Contributions from Other Political Committee	ees (CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Orga	nnizations (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a,	. 11b, 11c, 11d and 11e)	\$ 1,365.78	\$ 1,365.78
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political C	committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Commit	ttee (CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 1,365.78	\$ 1,365.78
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 1	3c, 14, 15, 16 and 17)	\$ 1,365.78	\$ 1,365.78
19) Cash on Hand at End (Add lines 4 and 12 together,	then subtract line 18)	\$ 69.79	\$ 69.79
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Commit	ttees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other ca	mpaigns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	tee (CRO-1610)	\$	
23) Debts and Obligations owed To the Committee		\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
	(CRO-2220)	\$	s
27) 48-Hour Notice Reports Sum			1.57
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1. Committee Full Name (and Fund if applicable)								2. ID Number	
	ORGAN FOR WA				A CAST OF THE PARTY OF THE PARTY.		2.101.	5JMNN	I V
			N					SJIVIININ	\A
	ributor Informati ame, Mailing Address	DISSESSED DIBOGRAPHS		Add		Remove			
	e city, state, & zip)	& Filone			Fitle/Profess	ENT, SERVICE	d. Comm	ents	
ROBER	T MORGAN			7		NSULTANT			
	DGEHAVEN ROA	AD					and an arter.		
WAXH	AW, NC 28173			BANI		/Specific Field			
				Britaino		e. Electio	e. Election Sum to Date		
							\$	0	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	ription	j. Date (mm/c	ld/yyyy)	k. Amou	ınt
\boxtimes	01	CASH					/18/19	\$	10
			616	10/0 : =	Ballet				
	01	IN-KIND	SIG	NS/CAR	DS/ADS	09	9/24/19	\$	1,365.7
								\$	
3. Cont	ributor Informati	on		Add		Remove			
a. Full Na	ame, Mailing Address	& Phone		b. Job T	Title/Professi	on	d. Comm	ents	
limature									
(includ	le city, state, & zip)			c. Empl	oyer's Name	/Specific Field	e. Electio	n Sum to Date	e
(includ	e city, state, & zip)			c. Empl	oyer's Name	/Specific Field	e. Electio	n Sum to Date	e
	g. Account Code	h. Form of Payment	i. In-k	c. Empl		/Specific Field j. Date (mm/c	\$	n Sum to Date	
		h. Form of Payment	i. In-l				\$		
		h. Form of Payment	i. In-k				\$	k. Amou	
		h. Form of Payment	i. In-k				\$	k. Amou	
f. Prior	g. Account Code	on	i. In-l		ription		\$	k. Amou \$	
f. Prior	g. Account Code ributor Informatione, Mailing Address	on	i. In-k	Kind Descr	ription	j. Date (mm/c	\$	k. Amou	
f. Prior	g. Account Code	on	i. In-k	Kind Descr	ription	j. Date (mm/c	\$ dd/yyyy)	k. Amou	
f. Prior	g. Account Code ributor Informatione, Mailing Address	on	i. In-k	Add b. Job T	ription Fitle/Professi	j. Date (mm/c	\$ dd/yyyy)	k. Amou	
f. Prior	g. Account Code ributor Informatione, Mailing Address	on	i. In-k	Add b. Job T	ription Fitle/Professi	j. Date (mm/o	d. Comm	k. Amot	int
f. Prior	g. Account Code ributor Informatione, Mailing Address	on	i. In-l	Add b. Job T	ription Fitle/Professi	j. Date (mm/o	d. Comme	k. Amou	int
f. Prior	g. Account Code ributor Informatione, Mailing Address e city, state, & zip)	On & Phone		Add b. Job T	ription Fitte/Professioyer's Name	j. Date (mm/c	d. Comme	k. Amou \$ \$ \$ ents	int
f. Prior	g. Account Code ributor Informatione, Mailing Address	on		Add b. Job T	ription Fitte/Professioyer's Name	j. Date (mm/o	d. Comme	k. Amou	int
f. Prior	g. Account Code ributor Informatione, Mailing Address e city, state, & zip)	On & Phone		Add b. Job T	ription Fitte/Professioyer's Name	j. Date (mm/c	d. Comme	k. Amou	int
f. Prior	g. Account Code ributor Informatione, Mailing Address e city, state, & zip)	On & Phone		Add b. Job T	ription Fitte/Professioyer's Name	j. Date (mm/c	d. Comme	k. Amou	int
f. Prior 3. Cont (include	g. Account Code ributor Informatione, Mailing Address e city, state, & zip)	on & Phone h. Form of Payment		Add b. Job T	ription Fitte/Professioyer's Name	j. Date (mm/c	d. Comme	k. Amou	int

Amendment

In-Kind Contributions

Pg <u>1</u> of <u>1</u> Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)			2. II	Number
BOB MORGAN FOR WAXHAW MAYOR				5JMNNX
3. Contributor Information Add	Remove		175	
a. Full Name, Mailing Address & Phone	b. Type of C	Contributor	c. Co	mments
(include city, state, & zip)		vidual		
Robert Morgan		didate		
1440 Ridgehaven Road	Party			The second second second
Waxhaw, NC 28173	PAC			
704-256-0732		rendum	d. Ele	ection Sum to Date
100	Othe	er Receipt Source	\$	1365.78
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
Yard Signs from Sign Masters		8/29/2019)	\$ 1302.35
Business Cards from Sign Masters		9/5/2019		\$ 38.43
Facebook Ad		9/24/2019	9	\$ 25.00
3. Contributor Information Add	Remove			
a. Full Name, Mailing Address & Phone	b. Type of C	ontributor	c. Co	mments
(include city, state, & zip)	Indiv	vidual	1	
	Can	didate		
	Party			
	PAC			
		rendum	d. Ele	ection Sum to Date
	Othe	er Receipt Source	\$	
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
				\$
				\$
				\$
3. Contributor Information Add	Remove			
a. Full Name, Mailing Address & Phone	b. Type of C	ontributor	c. Co	mments
(include city, state, & zip)	Indiv	vidual		
	Cano	didate	19	
	Party			
	?? PAC			
		rendum	d. Election Sum to Date	
	Othe	r Receipt Source	\$	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
	-			\$
				\$
				\$
4. Total only this Page			\$	1365.78
5. Total of ALL CRO-1510 Pages			\$	1365.78
(This line must be on line 17 of Detailed Summary Page CRO-1100)			Ф	1303.70